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AUTHOR Cammann, Cortlandt
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ABSTRACT

Organizational consultation is often viewed as a four-stage process: entry, diagnosis, intervention, and evaluation. A fifth stage, preparation of organizations to conduct diagnosis and change, is frequently neglected. In the preparation stage, organizational consultants must deal with resistance by creating conditions for the consideration of the effects of change. Consultants must help organizations to develop structures to facilitate diagnosis and change, and to build an understanding of the change process after initial diagnosis. Occasionally, significant intervention and change are needed prior to diagnosis, including some conditions in which: (1) diagnostic methods are unfamiliar; (2) individuals most affected by change do not normally interact in problem-solving; (3) the objective of the change process require changes in the organizational structure and process; (4) the organization is "underbounded"; and (5) intergroup conflict exists. Consultants must recognize this preparatory dimension of their work; and the field of organizational consultation must also expand training, norms, and knowledge to help consultants effectively handle this aspect of their role. (NRB)

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DIAGNOSIS AND CHANGE or CHANGE AND DIAGNOSIS

Cortlandt Cammann
The University of Michigan

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DIAGNOSIS AND CHANGE or CHANGE AND DIAGNOSIS

Cortlandt Cammann

The University of Michigan

Organizational consultation, particularly in the organizational development and quality of work life fields, is commonly viewed as a four stage process: entry and contracting, diagnosis, intervention, and evaluation. The process begins with the entry of a consultant into an organization and the establishment of objectives and ground rules for the consultation. Then there is a diagnosis to identify the nature of problems which exist and the consultant helps the organization develop and conduct interventions to create changes that will solve the problems and increase the effectiveness of organizational functioning. The first stage is an evaluation of its success and may lead to a new cycle of change activities if appropriate. These activities are not generally thought to be independent since all of them are involved to some extent at each stage of the consultation process. They are seen, however, as representing the dominant tasks at different points in the consultation process, and as useful conceptual divisions because they each involve specific consultant skills and roles.

My purpose in writing this paper is to suggest that there is another stage in the consultation process that deserves to be distinguished: the preparation of organizations to conduct diagnosis and change. This stage of consultation is generally discussed as part of the process of entry and contracting, but it

involves activities that are conceptually distinguishable from those involved in beginning and establishing ground rules for a project establishing the ground rules for carrying it out. The paper will examine the nature of these preparatory activities and will explore their implications for developing a conceptualization of the role of consultants in change processes.

Preparing Organizations for Change

The model of consultation described above is based on the presumption that it doesn't make sense to intervene into an organization without first understanding the way in which the organization functions. Interventions are unlikely to be successful if they are not designed to solve some problem which really exists. As a result, an intervention is not chosen until information about the organization exits which can allow a correct choice of interventions to be made. Drawing on a medical analogy, the treatment should not be selected until the diagnosis has been made to find out what disease is to be cured.

As Alderfer (1976) has pointed out, this argument is only partially valid. It assumes that a diagnosis can be conducted without creating change. Yet, most diagnostic activities involve allocating resources to new tasks, building new relationships among people and groups and developing new information transmission structures for communication of results. These changes must frequently be made prior to or during the diagnosis to allow the diagnosis to occur. Further, organizations frequently have to create problem solving structures to receive and use the results of

the diagnosis if they are to serve as a basis for intervention and action (Nadler, 1977, has made this argument).

An example may serve to illustrate the importance of these preparatory activities. For the past seven years, the Quality of Work Program at the Institute for Social Research has been involved with joint union-management change projects. These projects are designed to allow unions and management to work together to identify problems that exist and develop interventions that might improve the effectiveness of the organization and the quality of work life of the people who work in them. While the intent of these projects is to begin with a diagnosis that will serve as a basis for joint planning of changes, our experience has been that consultants must start by helping the union and management leaders develop objectives for the project and cooperative working relationships that allow them to plan the interventions. These activities occur prior to the systematic diagnosis of the organization and, in our experience, often create the most significant changes in the projects.

Nature of Preparatory Activities

Generally speaking, the task of consultants during the preparatory stage of a change project is to create conditions that will allow a diagnosis to occur and that will maximize the chances that, if appropriate, it can be used as a basis for creating successful changes. Accomplishing this objective will probably involve a variety of different activities, and the activities that are appropriate will probably vary from project to project. A number of sets of activities can be identified that are likely to occur in many consultation efforts.

Creating a willingness to change. Consultants can enter an organization for a variety of reasons. Someone may have a problem and want some help, or perhaps simply want to know more about the current state of the organization. There may be some change in the external environment of the organization that some organization members feel they need to better understand so they can develop a strategy to deal with. Whatever the reason, the consultants can generally assume that not everyone who might be affected by a change project will share a desire to create change. Yet, if there is no shared willingness to conduct a change, then some relevant organization members are likely to resist the diagnosis as being unnecessary and are likely to resist using the results of the diagnosis to plan change activities. Since most OD and QWL diagnostic methods and intervention technologies are grounded in participative values and norms of trust, this type of resistance can create problems in conducting a change process that will succeed. It is helpful for the consultants to deal with this resistance during the preparatory phases of a project by creating conditions where all of the people who are likely to be affected by changes are at least willing to consider them.

Consultants can use a variety of strategies to create a willingness to change. They can ask organization members to articulate their images of how the organization functions and to develop a commitment to testing their images against the results of the diagnosis. They can ask organization members to develop a list of the future problems the organization will face and use the diagnosis to discover if the current methods of organizational

functioning are adequate to solve them. They can ask organization members to develop an "ideal" picture of the way in which the organization should function and use the diagnosis as a basis for planning interventions to create this ideal. Alternatively, consultants can do a variety of things to reduce people's fears about starting a change process. They can put the organization members in touch with others who have gone through similar change processes to help them learn what outcomes they might expect. They can help organization members develop plans for changing that will minimize their risks by conducting pilot projects, or building in points of evaluation and withdrawal. Finally, they can try to find ground rules or guarantees that will make organization members more willing to undertake the risks involved in change projects (e.g., guarantees that no one will be fired as a result of changes that are made).

Developing structures to facilitate diagnosis and change. A second set of activities involves developing structures that will facilitate the process of conducting the diagnosis and using the results of the diagnosis to address the issue of change. In setting up the diagnostic process, the consultants must help the organization determine who should be involved in deciding the methods and resources to be used, how relationships should be developed with people who have relevant information so that they will provide it, what information should be fed back to people in the organization, what form the information should be in, and how the people receiving information should use it. In each of these cases, the decisions need to be made with the idea of developing

structures that will allow a valid diagnosis to be conducted and used to create change if appropriate.

Setting up the structures to facilitate diagnosis and change planning, can involve influencing organizational norms regarding the collection and interpretation of information. Organization members often have a tendency to rely on information from particular sources (e.g., reports or friends) to understanding how the organization functions. If these sources are congruent with the sources proposed for use in the diagnosis, and if most organization members draw similar conclusions from the information they use, the consultants will generally have few problems. If, however, the diagnostic methods are unfamiliar or distrusted, or if different groups in the organization draw different conclusions from similar information, the consultants face a problem. They will need to help people understand that the diagnostic methods produce information that can be believed and they need to create conditions where different groups of organization members are willing to use the results of the diagnosis to reconcile their differences in understanding the way the organization works. Otherwise, the results of the diagnosis are likely to be attacked as invalid or inappropriate and the information is unlikely to serve as a useful basis for considering change.

These tasks can be accomplished in a variety of ways. Consultants can conduct training programs to teach organization members the value of systematic diagnosis and to convince them of the validity and usefulness of the diagnostic procedures being used (e.g., Bowers and Franklin, 1976). They can use "empathic"

diagnostic methods designed jointly with relevant organizational representatives to increase the faith organization members have in the procedures and the relevance of the results (Alderfer and Brown, 1975). They can use various interpersonally oriented interventions to increase organization members' understanding of differences in perceptions that exist within the organization and to build support for using the diagnosis to understand how the differences can be reconciled. Whatever specific methods are used, the consultants are in the position of intervening into the ongoing process of organizational functioning to help organization members understand the current state of their organization and the value of diagnostic information so that they will support the diagnosis and be willing to pay attention to the results.

Consultants frequently have to help organization members develop new skills so that the structures that are set up to guide the diagnosis and change process can be used. For example, if the structures require group review and decisions, members often need to be trained in group skills. If the feedback plan requires problem identification and problem solving activities, members have to be trained in these skills. If the diagnostic methods include interviews conducted by organization members, they will probably need to be trained in interviewing techniques. In many cases, the training required for preparation will be minimal or easy to accomplish, but in others (such as training joint union-management groups to cooperatively and constructively identify and solve problems) it can be both time consuming and expensive.

Finally, consultants often have to help the organization make some changes in its existing structures in order for the diagnosis and change process to proceed. If the diagnostic plan requires organization members to spend time collecting and interpreting information while the organization's evaluation and pay systems directly penalize people when they are not working on production tasks, it will be difficult to get people to commit energy to the diagnosis. Either the diagnostic plan or the relevant evaluation and pay structures need to be changed to allow the diagnosis to proceed. In many cases, minimal changes may be sufficient, but sometimes it is necessary to examine the basic nature of fundamental organizational structures to remove barriers to a process of change.

Building an understanding of the change process. A third key activity facing consultants is building an understanding of the change process that a diagnosis may start. Organizations sometimes start a process of change without having a realistic image of how long the changes will take, what magnitude of resources will be required, or what types of outcomes may result. Top level managers do not always understand the interdependencies that are involved in the operation of an organizational system and so they do not expect that every change will create new problems that will lead to a need for new changes. The problem this creates is that once the diagnostic process begins, organization members do not have the commitment to cope with all of the problems that emerge. This can lead to attempts to stop the change process which can result in negative reactions by people who feel the changes are necessary. The end result can be harmful for the organization. Thus it is

important for organization members to have some idea of what is involved before they can begin so that they have the commitment to carry through to the end. Of course, any change involves uncertainties, and organizations never really stop changing, but people in the organization can be more or less well prepared for what will happen and developing these expectations can be an important part of the consultants' job during the early phases of a project.

Situations Requiring Change Prior to Diagnosis

One implication of the tasks involved in preparing an organization for a systematic diagnosis is that consultants sometimes need to conduct significant intervention and change activities prior to conducting a formal diagnosis of the organization. One important question is when this is likely to occur. If we accept Alderfer's (1976) prescription that change prior to diagnosis should only occur to the extent necessary to allow the diagnosis to proceed, some conditions requiring change can be hypothesized:

1. Situations in which the diagnostic methods are unfamiliar. In situations where the methods required or preferred for conducting a diagnosis are discrepant with normal information collection procedures and previous organizational history, it is reasonable to expect that the diagnostic process will require setting up new structures and procedures. Particularly important in this situation is the congruence of norms for handling information and the congruence of processes for using the information in problem solving.

2. Situations in which groups likely to be affected by changes do not normally interact in cooperative problem solving. Most OD and QWL interventions utilize cooperative problem solving methodologies. If the groups who will be affected by changes, and who therefore should participate in developing change plans, don't normally work together to solve problems, interventions are likely to be required to develop the structures and skills necessary for them to engage in these activities.

3. Situations in which the objectives of the change process require a substantial change in the structures and processes of the organization. When the objectives of the change process require the development of new organizational structures and processes, existing structures and processes are likely to be inadequate for guiding and implementing the change. As a result, new structures will have to be created that will be different from those which exist and which are compatible with those to be implemented.

4. Situations in which the organization is substantially "underbounded". When the organization involved in the change process lacks the goals and relational structures to mobilize energy to complete tasks (e.g., when they are underbounded in Alderfer's 1976 terminology), structures will have to be created to allow enough energy to be devoted to the diagnosis and change process to allow it to be carried out.

5. Situations involving significant intergroup conflict. When groups within an organization are in significant conflict with each other, it will be difficult for a diagnosis to occur and be used as a basis for change unless structures are created that allow the

groups to work outside of the context of their conflict. This usually requires consultants to intervene prior to the diagnosis.

Implications for OD and QWL Consultation

Considering the task of preparing organizations for changes as an important part of the change process is not new. Early models of changes which focused on unfreezing organizations (e.g., Schein, 1973) and developing normative models for conducting interventions (e.g., Argyris, 1970) give this aspect of consulting a central place. Yet, there are a number of implications of these views that deserve more attention by practitioners and theorists in the areas of organizational change.

The role of organizational consultants as designers. There is a tendency for many organizational consultants, particularly those engaged in OD and QWL projects, to describe themselves as diagnosticians and facilitators. Implicit in these terms is the idea that the skills and roles of the consultants should be directed toward helping organization members surface information and create changes of their choice. Yet, the reality of such change work is that consultants act as designers of change. They use their expertise, skill, and status to create structures and processes that will allow diagnosis and change to occur. In this design role, they are guided by normative models for how change processes should be conducted and they act as influence agents to get these processes in place. In effect, they are engineers of change guided by their own images of how organizations should function and their own ethical standards of conduct. This role is significantly different than the role of diagnostician or facilitator and probably should have more

prominence in our discussions of consultation than is currently the case.

Skills of consultation. To the extent that consultation involves design activities, consultants are likely to need skills beyond those of diagnosticians and facilitators. Consultants may have to act as experts, teachers, and politicians in order to influence organization members' perceptions, motivations and frameworks for understanding so that a diagnostic-change sequence can occur. These activities can require skills in chairing groups, manipulating the meaning of information, presenting material persuasively in a variety of different forums and formats, and working with individuals and groups to create support for specific courses of action. They can put substantial demands on the consultants' ability to diagnose their effects on others and on their ability to effectively structure a course of action in the face of considerable organizational uncertainty. At the moment, we have few conceptual models for describing these skills, and little understanding of how consultants can be trained to acquire them. We need, as a field, to begin to increase our knowledge in these areas if we are to be able to consistently develop and train consultants who can create conditions that will allow change to occur when these conditions do not already exist.

Consultant ethics. In the past, much of the thought on consultant ethics have focused on issues involving data collection (e.g., confidentiality, validity) and facilitation (e.g., facilitate getting decisions made, but don't influence the content). Yet , if we begin to think of consultants as designers, a number of other

issues become relevant. When is it legitimate for a consultant to act as an expert and try to influence the content of decisions? When should consultants be accountable for harm that results from decisions that are made? Should consultants ever try to create changes when the client organization doesn't have the experience to understand what it will be like when the changes have been made? What obligations do consultants have for people in an organization when a change will be an advantage for some people and a disadvantage for others? These questions and others like them are central to a code of ethics for organizational consultation and need to be further developed as a basis for a professional field of organizational consultation.

Organizational change research. Finally, consideration of the preparatory stages of change projects suggests a number of areas for future organizational research. By its nature, preparatory work is accomplished before adequate information has been developed about the nature of organizational functioning. As a result, consultants need theories that can guide them during these initial stages when available information is minimal. Three types of theories seem as if they would be particularly useful: diagnostic theories that link readily observable information to estimates of an organization's capacity to create changes as an indicator of the degree and type of preparatory change that is required; theories of the change process that can guide consultants as they design change programs; and normative theories of organizational end states that can serve as models for where the change process is going. As with any set of

organizational theories, research is needed in all cases to ground the theories in empirical reality.

Conclusion. The purpose of this paper is to suggest that in many cases the process of organizational consultation is not primarily oriented to the facilitation of organizational choice, but to the creation of new organizational reality. Consultants need to be aware of this dimension of their work and the field of organizational consultation needs to expand its training, norms, and knowledge to help consultants understand and carry out this aspect of their role.

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